

# Welcome to UVM ECHO: Transgender Care in Medical Home: Routine Health Maintenance

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- RECORDING OF SESSION TO BEGIN



# Agenda

- Introductions
- Didactic (20-25 min)
- Case presentation
  - Clarifying questions
  - Participants – then hub
- Discussion
- Recommendations
- Summary
- Closing Announcements
- Completion of evaluations



# CME Disclosures

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# Objectives

- Participants will recognize screening recommendations unique to transgender patients
- Participants will be gain competence counseling transgender patients about routine surveillance recommendations
- Participants will have basic understanding of legal issues around gender identity their patients may face



# Annual Health and Wellness Counseling:

- Social Determinants of Health screening
- Depression screening
- Substance misuse screening
- Intimate Partner Violence screening
- Health Care Proxy
- Regular exercise



# Annual Health and Wellness Counseling:

- Smoking cessation
- Lipids
- Healthy weight
- Blood pressure screening
- Screening for diabetes
- Screening for aortic aneurysm



# Sexual Health Counseling

- Create safe space to discuss
- Risk and sexual practices may change across the lifespan
- Assess for HIV risk factors
- Consider Hepatitis screening and vaccination
- Assess for risk for GC and chlamydia
- Offer Pre-Exposure Prophylaxis (PrEP) if appropriate





# Physical Exam Considerations: Transwomen

- Tucking may increase risk of hernia and skin breakdown
- Binding may also cause skin issues and back issues
- Discuss expectations for exam in advance if possible



# Physical Exam Considerations: Transmen

- Discuss in advance so prepared
- Discuss preferred environment, gyn office may be triggering
- Discussed preferred terms such as front hole
- Consider bringing support person, using earphones, low dose benzo
- Vaginal estrogen may be helpful two weeks prior to exam
- Some may feel safer with mirror for self exam
- Self swab may be an option for vaginitis and in future for HPV



# Which screening can you have?

	Trans woman	Trans man
Breast screening	✓	✓ (if you have breast tissue)
Cervical screening	✗	✓ (see page 12)
Abdominal aortic aneurysm screening	✓	? (see page 17)
Bowel screening	✓	✓





If you've ever been sexually active (in any way) and have a cervix, you need regular Paps. Check out our website for more information and tips on how to make getting a Pap easier.



[checkitoutguys.ca](http://checkitoutguys.ca)



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# Cervical Cancer and HPV Screening

- Pap and HPV co-testing
  - Every five years if still has cervix over age of 30
  - Every three years if less than 30 years of age
- Consider HRA or High Resolution Anoscope
  - Use of a small diameter tube (an anoscope) and a light source with magnification, as well as the use of acetic acid (vinegar) and iodine, to closely examine the internal anus and rectum, usually for signs of HPV (Human Papilloma Virus) disease including genital warts as well as precancerous changes. Fenway has HRA clinic



# Breast Cancer Screening

- Pre-breast surgery as per female gender guidelines
- Gender affirming approach to physical exam
- Transwoman should be screened
  - High rate of dense breast tissue so ultrasound may be indicated
  - Not well studied but very low risk
  - Wait until 50 to start screening, however, screening trans woman and non trans women the same is a good approach as well
- Screening not indicated until 5-10 years after starting hormones
- Every two years recommended.
- Risk score methods not reliable
- Family history not well studied to know risk to transwoman
  - Referral for genetic counseling recommended if family hx of BRCA mutation



# Osteoporosis Screening

- Both should have baseline screening at 65 and sooner based on risks
- Transmen 2 years after oophorectomy and every 1-3 years
- Transwomen
  - Increased risk if anti-androgen without sufficient replacement and too low dose of hormone replacement after gonadectomy
  - GnRH analogues increase risk but return to baseline when stopped



# Prostate Cancer Screening

- Prostate cancer screening should be considered in Trans Women
- Risk somewhat dependent on age of starting hormones, orchiectomy
- Consider family history
- Due to low prostate volume, reference range for normal may be as low as 1.0
- Relationship with PCP important as screening may be sensitive topic





# Primary Care Considerations in Caring for Transwomen with Vaginoplasty

- Preop primary care counseling
  - Electrolysis at least three full clearings 12 weeks apart
  - Surgeon may provide a diagram
  - Recommend quit smoking for improved healing
- Post op counseling
  - Surgeon will provide plan but dilation usually up to a year
  - No swimming for three months, no baths for 2 months
  - No sex for three months
  - Frequent exams important to record width and depth



# Primary Care Considerations in Caring for Transwomen with Vaginoplasty

- UTI may be more common
- Fistula can develop
- Prostate exam if needed should be intravaginal not rectal
- Pelvic PT sometimes helpful if pain develops
- Botox injections have been helpful
- Vaginal discharge not usually infectious or yeast
  - can be keratin, semen, lubricants dead skin, occasionally granulation tissue usually resolves with soap and water douching. Can consider vinegar and water or iodine if bacterial overgrowth rarely flagyl indicated
- Anoscope rather than speculum may be more comfortable
- Communicate with patient to assure gender affirming exam



# General Advice

- Risks similar to birth gender controls
- Screenings generally follow routine recommendations regardless of hormone use
- Assume that whatever the issue, your transgender patient has the highest risk for each gender
  - For example, assume risk of osteoporosis of woman and CAD of man
- Keeping organ inventory recommended to track screening
- Pay attention to family history
- Consider cost and billing issues
  - Pap may not be “covered” for transman



# Social Security Name and Gender Change

- Recommend getting court ordered name change
- Requires medical provider's gender change certification letter
  - Fenway providers have this letter template available
- Required prior to changing drivers name on license



# Vermont Name Change Laws

- Applicant must submit a petition to the court.
  - No publication is required.
  - Registered sex offenders may not be eligible to change their name unless the court finds a compelling purpose. (Vt. Stat. Ann. tit. 15, § 811 to § 817 (West))
- For instructions on legal name changes for minors under 18 in Vermont, see NCTE's [Name Changes for Minors in Vermont](#) resource.



# Vermont Drivers License Policy

- Applicant must first change their name with the Social Security Administration
- Then they submit a court order certifying the name change.
- Applicants must notify the DMV of a legal name change within 30 days
  
- **No documentation is needed to update the gender to M, F, or X on a Vermont ID.**
  - Gender is a self-designated descriptor



# Vermont Birth Certificate Laws

- Court order required.
- Court order based on "an affidavit by a licensed physician who has treated or evaluated the individual stating that the individual has undergone surgical, hormonal, or other treatment appropriate for that individual for the purpose of gender transition..."
- The affidavit shall include the medical license number and signature of the physician." Stat. Ann. 18 V.S.A. § 5112.
- The probate court will send both the court order and a copy of the original birth certificate to direct the [State Vital Records Office](#) to replace the original birth certificate with a new birth certificate in the state Vital Records, in the birth town, and the residence town (at the time of birth).
- To receive the new birth certificate, the applicant mails a check for the applicable fee to the town of birth.



# Resources for Health Care Providers about Transgender Health

- [Fenway Trans Health](#)
- [LGBT Health \(HRSA\)](#)
- [National LGBT Health Education Center](#)
- [Transequality.org](#)
- [Center for Excellence in Transgender Health](#) (University of California, San Francisco)
- [UCSF Transgender Care Guidelines](#)
- [WPATH Standards of Care](#)





# Resources for Health Care Providers about Transgender Health

- [Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients](#)(GLMA)
- [National LGBT Health Education Center: Learning Modules](#) (Fenway Health)
- [Meeting the Health Care Needs of Transgender People](#)(Fenway Health)
- [Transgender Health Resources](#)(American Medical Student Association)
- [Advancing LGBT Health and Well-being](#) (HHS)
- [Sexual Health and Your Patients: A Provider's Guide](#) (National Coalition for Sexual Health)



"Real engagement with the health care system and engagement with good quality primary care that's affirming for trans people is the most important thing people can do."

Are transgender men and women who take hormones at risk for heart disease?  
By American Heart Association News **June 14, 2019**



# Cases/HIPAA

- Names
- Address
- DOB
- Phone/Fax #
- Email address
- Social Security #
- Medical Record #



The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.



- RECORDING TO BE STOPPED

# Conclusion

- Thank you for participating!!
- Please complete evaluation survey after each session
- Claim your CME at [www.highmarksce.com/uvmmed](http://www.highmarksce.com/uvmmed)
- Please contact us with any questions, concerns, or suggestions
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